MARION COUNTY SHERIFF'S OFFICE						BER	RE	EPORT DA	TE T	IME	Al	*	L IN	IDICATES	
SHERIPS MIS	ort	ROUTE TO:						PN	1	C	OMPLETIO				
INSTRUCTIONS: 1. Complete this form on your computer.						ROUTE TO: DA JUV DHS DET							RE	CORDS	
2. Print out and sign.						· OTHER, SPECIFY:									
3. C	Contact a Depo	•	ON-EMERGEN	101/	LAST CO	-				АМ	NAME OF DEPUTY				
		50	03.588.5032	D	DATE:		T	TIME:		PM					
MISSING PERS	ON INFORM	ATION	*** INCL				FOR	MATIO	N **						
* LAST NAME					* FIRST	NAME					* MIDDLE	NAM	ΙE		
* HOME ADDRESS						*	CITY					*	ZIP C	ODE	
* PRIMARY PHONE I	HONE	LANDLINE *DATE OF BIRTH				RTH	*BIRTH STATE OTHER DOB'S U								
* MONIKERS / ALTE		LLULAR			· CELLULAR EXPRESS IN 3 DIGI					T NUMBERS (5' 6" - 506") (70 DS-070)					
* MUNIKERS / ALTE	KNATE NAWES / A	KA'S							3 DIGIT I	DIGIT NUMBERS (5'-6" = 506") (70 LBS=07					
* GENDER	* EYE COLOR			* ETHNICITY			* HEIGHT * *SKIN COLOR			★ WEIGHT BLOOD TYPE-Rh-FACTOR					
* SOCIAL SECURITY	Y NUMBER *		IPTION GLASSES				DRIVER'S LICENSE NUMBER				STATE EXPIRATION				
* INDICATE ALL	RODY PIERC	NGS	· NO ·	CONT	ACTS	• NONE									
* INDICATE ALL BODY PIERCINGS • LIP • RIGHT EAR • EYEBROW • STOMACH • OTHER SPECIFY:															
• TONGUE • LEFT EAR • NOSE • GENITALIA															
DESCRIBE CLOT	HING MP WAS	LAST	SEEN WEARING	, INCL	UDE CO	DLOR, ST	YLE,	, SIZE, E	TC.						
SHIRT		UNDERSHIRT			SCARF				LIST J	LIST JEWELRY AND DESCRIPTION:					
PANTS/SHORTS		COAT/JACKET			BELT										
					2000000										
SHOES AND SOCKS		SWEATSHIRT/SWEATER			BACKPACK										
DRESS		HAT			PURSE / WALLET										
ADDITIONAL INF															
LIST ITEMS MP TOOK					S	CARS: INDI	CATE	WHERE A	AND DES	SCRIPT	ION.				
MARKS: INDICATE V	VHAT WHERE ANI	DESCRI	PTION (LE BIRTHM	IARKS A	CNE ETC	1									
MARKO. INDIGATE V	mai, where an	DECOR	TION (I.E. BIKTIII	iAitio, A	5NL, L10	•,									
TATTOOS: INDICATE	WHERE AND DES	CRIPTIO	N												
MENTAL / PHYSICAL HEALTH CONDITIONS															
MEDICATIONS: INDIC	CATE <u>NAME/S</u> ANI	REASO	N FOR EACH												
WHERE DOES MP AT	TEND SCHOOL O	R WORK,	WHICHEVER IS APP	PLICABLE	?										
					1										
INDICATE MP'S GENERAL ATTITUDE					INDICATE MP'S MENTAL STATE										
* MP'S DENTIST'S N	TELEPHONE			* MP'S DOCTOR'S NAME					TELEPHONE						
WHERE WAS MP WHEN HE/SHE WENT MISSING?						AT WAS MP'S LAST KNOWN LOCATION?									
WHERE DID MP LEAVE FROM?				WHO MI	VHO MIGHT MP BE WITH?					THEIR RELATIONSHIP TO MP?					
LIST POSSIBLE LOCA	ATIONS WHERE M	P MIGHT	BE:												
			== -												
* HAS MP EVER BE	EN KNOWN TO C S, LIST TYPE					IS FOUL PL				OW.					
140 - 12	.u, LIUI IIPE	G WHE	14.			110 1	_J,	LAF LAI	,, DEL	. J V V .					
REPORTING DEPUTY	,	DATE		ALPHA#	DPSS	T#	# APPROVED BY		вү				DATE		

* COMPL	ETE VEHICLE	E INFOR	MATION ONL				'AWA	Y AND Y	OU KNOW TH	E INFOR	MATION R	EQUES	STED.	
LICENSE PI	LATE NUMBER	STATE	YEAR TAGS E	XPIRE TYPI	E (CAR, PICK	JP, ETC.)	MAKE	OF VEH	IICLE	MODEL	OF VEHICL	E		
STYLE (2-DOOR, 4-DOOR, ETC.) COLOR SPE					IAL EQUIPME	NT		VIN NU	JMBER					
IS THERE A	IS THERE ANYTHING ELSE WE SHOULD KNOW?													
person, specifie his/her	so state the discription welfare. It does	at the and/or do here	dian, spous missing per that his/he eby request aid youth fo	rson I am re r whereabo and author	eporting o	did go m nknown	nissin at thi	g (or yes	outh, did ru , and that I	ın away am con	/) from tl cerned a	he abou	t	
justice of youth for will be r YOUTH.	or human sor me. I cented if and I also agree	ervice tify th nd wh ee to r	is a youth, I agency, wh at I am a leg en the youth notify the Ma other party.	nichever me gal custodia n is taken in	eets the b an of said nto custo	est inte youth a dy and t	rest o ind er hat I \	f the youtled to NILL B	outh and th to his/her c SE RESPON	ne comr sustody ISIBLE	nunity, t . I under TO PICK	o hol stand (UP '	d said d that I THE	
biologic Person may be	al swabs a Records ar cleared fro	nd/or e rout m the	he event the material fro inely check system IF s by the Sheri	m the miss ed for statu staff are no	ing perso is and acc t able to r	n's biol curacy. each me	ogica I unde e by p	l paren erstand hone,	nt/family. I เ d that the M US mail or	indersta lissing l E-mail,	and that Person F or if I fa	Miss Reco il to	sing rds	
* INFO	RMATION (OF PE	RSON FILIN	IG THIS RE	PORT									
* FULL N	AME					*D	ATE OF	BIRTH	*RELATION	SHIP TO M	IISSING PER	RSON		
* STREET		*(*CITY				*STATE *ZIP							
W OTTEL	715511200													
* HOME P	HONE NUMBER	₹ ,	DAYS	ANY ADDIT	IONAL INFO	RMATION	1/COM	IMENTS	:		1			
* CELL PHONE NUMBER . DAYS														
* CELL PR	IONE NUMBER	•	DAYS EVENINGS											
				* E-MAIL A	DDRESS				* SIGNATURE	E OF REPORTING PERSON DATE				
		•	EVENINGS											
					DFFICI <i>E</i>	AL US	E OI	ILY						
DATE ENT	TERED		ENTERED	BY:			ΙF	DS/NC	IC · I	RMS	· IN	/AGII	NG	
DATE CLEARED CLEARED BY:							LEDO/NOIO NINO							
DATE OLL		-	LE	DS/NC	CIC									
				C	ONFIRMA	TION CA	LLS							
DATE COMMENTS				INITIALS DAT			COMMENTS					INITIALS		